CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT

Please return this form to the City of Milwaukee Election Commission
200 East Wells Street, Room 501, Milwaukee, WI 53202
414-286-3491 / FAX 414-286-8445 / absenteeballot@milwaukee.gov

☑ YOU MUST BE REGISTERED TO VOTE AT YOUR **CURRENT** CITY OF MILWAUKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALLOT.
☑ IF YOU HAVE NOT PREVIOUSLY PROVIDED PHOTO ID WITH AN ABSENTEE APPLICATION, **A COPY OF PHOTO ID MUST ACCOMPANY THIS FORM**.

STEP 1: Voter Declaration

☐ I certify that I am a qualified elector, a U. S. Citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.

Please check if you are: ☐ Active Military ☐ Permanently Overseas ☐ Temporarily Overseas

STEP 2: Select Requested Election Date(s)

ALL REGULAR VOTERS MUST PROVIDE A COPY OF PHOTO ID, IF NOT PREVIOUSLY PROVIDED, AND MUST APPLY EACH CALENDAR YEAR FOR BALLOTS.

☐ **All 2019 Elections**   **OR**   ☐ **February 19, 2019**   ☐ **April 2, 2019**

OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:

☐ I certify that I am indefinitely confined due to age, illness, infirmity or disability and request that an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.
(INDEFINITELY CONFINED VOTERS ARE NOT REQUIRED TO PROVIDE A COPY OF PHOTO ID)

STEP 3: Voter Information

Last Name _____

First Name _____   **Middle Name** _____

Date of Birth (MM/DD/YY) _____   **Telephone (_____)** _____

Residence Address _____   **Apt. Number** _____

CITY OF MILWAUKEE, STATE OF WISCONSIN   **Zip Code** _____

If mailing address is different than above address (including overseas addresses), **send ballot to:**

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing Address Line 3: _____

➡ **SIGNATURE:** _____   **DATE:** _____

STEP 4: Alternative Delivery Instructions (*emailed & faxed ballots must be printed and returned by mail*)

I prefer to receive my absentee ballot by: ☐ **EMAIL:** _____

☐ **FAX:** _____